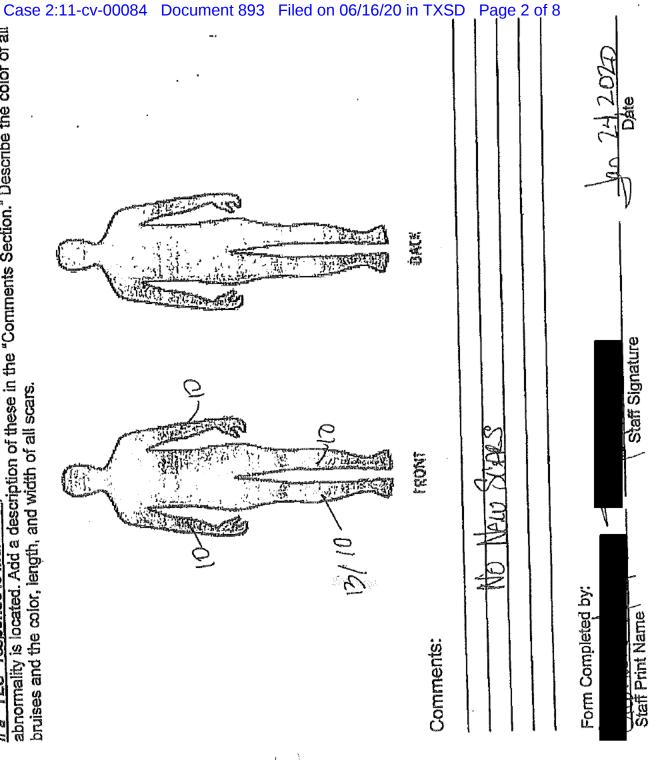
PE		D WRITE LEGIBLY!				
ent Name:	Date:_\ûi	RESS NOTE	Daily Goal Hive a positive			
rget Behavlor:		upervision: (CC) Es	6/1.1			
SLEEPING PATTERNS		TRAINTS	SERIOUS INCIDENTS (Fill in the type of Incident.)			
☐ Encopresis	Children's Contr					
☐ Enuresis ☐ Team Control Position ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
All Night Short Personal Restraint						
☐ Most of the Night ☐ Often Awake ☐ None						
LEVEL OF SUPERVISION BEHAVIOR CONSEQUENCES FYI's						
CO=Close Observations/Normal Supervision Any Behavior Consequence forms Any FYI Forms completed for this child?						
1:1= One to One	YES	S NO	YES PAG			
MEALTIMES		FROM SCHOOL_	ACTIVITIES			
፭100% □ 50%	CAM DPM	☐ Holiday ☐ Out for Summer	Groups: Goods			
Refused	Attended	L) Out for Summer	Recreational Activity Leisure Activity Lideons			
J N/A	Refused		PM Dally Leval?			
(62			AM Dally Level:			
MEDICAL CARE	VISITORS	/TELEPHONE	RESIDENT HYGIENE/CHORES			
Routine Doctor Visit	Parents	Called Parents	Brushed Teeth			
Medical Appointment due to illness Dental Appointment	Siblings Caseworker	Called Siblings Called CW/PO	☑ Washed Face ☑ Wore Clean Clothes			
Psychlatric Review/Evaluation	Relative	Called Friend	Showered			
Other	II PO	Called Relative	Completed Chores			
one	None	None None	Did not complete Chores			
GENERAL NOTATION CATEGORIES		Disappointed				
			Intrusive/ Impulsive Compliant			
Restiess Happy		Silly/ Childish Frustrated	(Other)			
recautions: U - Lan-	400					
	_	¥.,				
E3 - 40m-	9 _{em}					
DAILY NARRATI	VE (Attach an a	ddendum for addi	tional information)			
A	101 101 101					
Client a great start of her	day. Wheract	with teco c	lean her room and completed here by check because NC (see			
	Is grown He	all means & 100				
took all meds & 100%. Good	Day at school	of thek at the	featity chest became NC/ SEE			
Ovice back inside client late	showered an	of Sofin her be	d into dinner.			
At and went to steps						
THE COLD IDEAN TO SICY	Lights Out.					
	1					
Staff Reporting						
	7.5	Time of Ent	ry:			
Signature of Facility Administrator or D		Time of Ent	ry:			

-	4. VI W. 4. IU	Scrapes/ Abrasions-Yes or (lo) Birthmark: Yes of No Bruises: Yes of No Scratches/ Lacerations: Yes of No Deformities: Yes of No	8. Lesions: Tes grades 9. Rashes: Yes of No 70. Scars/79s or No 71. Tattoos: Yes or No 72. Prosthesis: Yes british
	ώ ۲.'	Pieroed Eers, Nose, Body Parts: Yes ok No Lice: Yes or Na	Other: B. + Un-
If a "YES	3, 76	sponse is indicated, mark the body	conse is indicated, mark the body figures with the appropriate number in the area the

abnormality is located. Add a description of these in bruises and the color, length, and width of all scars.



(Control RESIDENT HYGIENE/CHORES

Brushed Teeth
Washed Face

Wore Clean Clothes

Brownerd

Completed Chores

Did not complete Chores Any FM Forms completed for this child? SERIOUS INCIDENTS (Fill in the type of incident.) Str +3 ACTIVITIES Groupe: (Cross)

Recreational Activity As Leisure Activity Osser

PM Delby Level:

AM Delby Level: Daily Goal: Hall 2 [] Z Kas take all prescribed medications today? BEHAVIOR CONSEQUENCES Any Bahavior Consequence forms completed for this child?

If YES ID NO REMOVED FROM SCHOOL Holiday
Out for Summer Called Parents
Called Shangs
Called CW/PO
Called Friend
Called Friend
None VISITORS/TELEPHONE DAILY PROGRESS NOTE Date: VIN 12, 20 1 Level of Superfittion: RESTRAINTS Children's Control Position
Team Control Position
Transport
Spert Personal Restraint ication Compliance: Did the resident take all prescribed m .o." Ilst ALL medications that were refused by the resident: Selengs Caseworker Reference PC None OCCOUNTY OF STREET OF STRE CO-closs Observations/Normal Supervision ES= Eyesight 1:1= One to One MEAL TIMES LEVEL OF SUPERVISION SLEEPING PATTERNS Offen Awake | Routine Doctor Visit | Needical Appointment due to libress | Dental Appointment | Dental Appointment | Psychiatric Review/Evaluation | Other | Other | MEDICAL CARE Encopresis Enuresis Did Not Sleep at Ali Ali Night Most of the Night arget Behavior: ient Name: 700% 80% Refused N/A 20000

PLEASE PRINT AND WRITE LEGIBLY!

franstve/ impulsive Compilant (Other) Disappointed
Silly/ Childish Frustrated A Angry (inflable Scares GENERAL NOTATION CATEGORIES Current Program Restrictions and/or Sad/Depressed
Analous/Worrled

25 ž σ 403 S Precautions:

Sy. e woplaye aleep DALLY NARRATIVE (Attach an addendum for additional information) 0 and Land SOCIAL PARTY AS CENT ड्ड 130 5 3 Mores 80 6 task Ĭ SP Ja55 基別 かんない 忠 Showered nygiene tecking Rame كمكن ઠ Meads Completed to the movie pergo 4 110% 200 prod Watcher tront) toen her night 3 લ ઇ oukside Sag 303 Agals を行うる (ग्रेक्ष्मीक Then!

Signature of Facility Administrator or Designae:

Staff Reporting

Moon 49

Time of Entry:

CIRCLE YES OR NO ON THE CHART LISTED BELOW

Yes of No Yes or No Yes or No Ke: Yes or No	
8. Lesions: 9. Rasthes: 11. Tathos: 12. Prosthes	
Scrapes/ Abrasions. Yes of No. Birthmark: Yes of No. Brusses: Yes or No. Scratches/ Lacerations: Yes or No. Deformities: Yes of No. Pierced Ears, Nose, Body Parts: Yes or No.	
- ताल्यक्ष	

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If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all bruises and the color, length, and width of all scars.

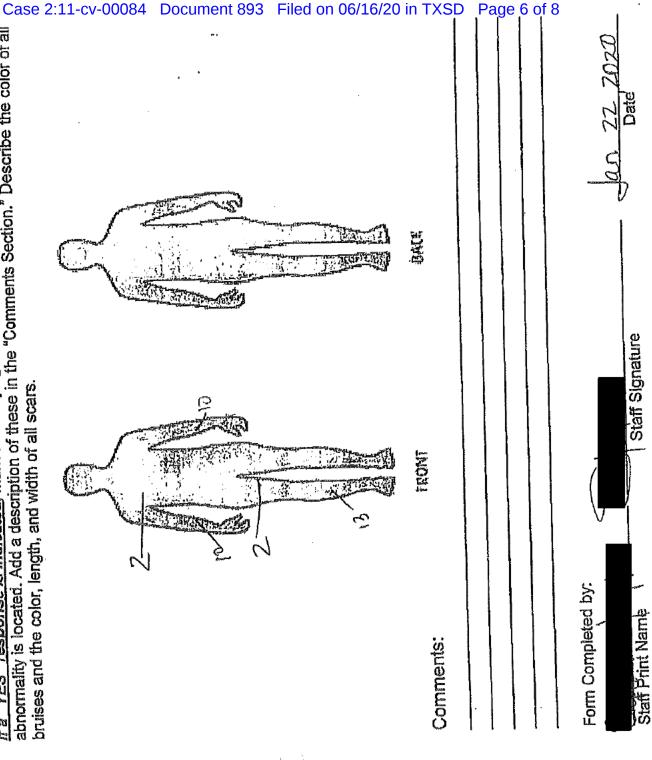
StaffSighature FRON Form Completed by: Staff Print Name Comments:

	P		Case 2.11	-CV-00084 I	Jocument 893	Filed on		e 5 0	01 0
	Daily Goal: Hille a positive	SERIOUS INCIDENTS (Fill in the type of incident.)	FYI'S Any FYI Forms completed for this child?	ACTIVITIES Groups: ACTIVITIES Recreational Activity MUNA Leisure Activity PM Daily Level: AM Daily Level:	RESIDENT HYGIENE/CHORES Brushed Teath Z Washed Face Z Wore Clean Clothes Z Showered C Completed Chores Did not complete Chores	y? Z Yes UNo	intrusive/Impulsive Compliant (Other)	additional information)	of present daily chares of present in the present in the state of the present of the state of the present of th
PLEASE PRINT AND WRITE LEGIBLY!	DAILY PROGRESS NOTE Date: An ZZ, 2D Level of Supervision: (CO / JES)	KESTRAINTS Children's Control Position Team Control Position Transport Short Personal Restraint	BEHAVIOR CONSEQUENCES Any Behavior Consequence forms completed for this child?	REMOVED FROM SCHOOL DAM Diday Changed Changed Changed Changed	VISITORS/TELEPHONE Parents	the resident take all prescribed medications today?	ble Disappohited Silly Childish Arustrated	(Attach an addendum for	lazz, thent will invite up of the self of oil of the last he more. The upset due to her hore. The speep. The speep. The speep. The speep. The speep. The speep.
6.	get Behavior.	Encopresis Enumesis Did Not Sleep at All All Night Most of the Night Coffen Awake	LEVEL OF SUPERVISION CO=Close Observations/Normal Supervision CES= Eyesight 1:1= One to One	MEALTIMES Z 100% C 50% C Refused C NA	MEDICAL CARE Routine Doctor Visit Medical Appointment due to illness Dental Appointment Desychistric Review/Evaluation Other Othe	ation Compliance: Did the resident to ation Compliance: "Ist ALL medications that were refu	GENERAL NOTATION CATEGORIES AFFECT D Sad/ Depressed Auxious/ Worried D Restless Current Program Restrictions and/or Precautions: \(\int O - \left(\alpha \cdots n \cdots \cdots \cdots n \cdots \cdot	DAILY NARRATIV	Allebrian has brown usus larged and major serion. It is serion cler serion cler sall as larged and whom cler sall as larged and help it sayed seconds in the clerest start Reporting

DAILY HEALTH CHECK CIRCLE YES OR NO ON THE CHART LISTED BELOW

	,
B. Lesions: Yes or No. 9. Rashes: Yes or No. 10. Scarsy 9s or No. 11. Tattoos: Yes or No. 12. Prosthesis: Yes of No.	
1. Scrapes/ Abrasions: Yes of No. 2. Brutases: Yes of No. 3. Brutases: Yes of No. 4. Scratches/ Lacerations: Yes of No. 5. Deformities: Yes of NO. 6. Pierced Ears, Nose, Body Parts: Yes or NO. 7. Lice: Yes or NO.	

If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all



LEH HARBOR

PLEASE PRINT AND WRITE LEGIBLY! DAILY PROGRESS NOTE							
- ent Name:			== - Hab a mile				
Arget Behavior:		lan 21,20	Daily Goal: TIVE a DOSHUE				
SLEEPING PATTERNS		f Supervision:					
SLEEPING PALIERNS	KE	STRAINTS	SERIOUS INCIDENTS				
☐ Encopresis	Children's Con	imi Position	(Fill in the type of incident.)				
☐ Emuresis	☐ Team Control						
Did Not Sleep at All	Transport						
☐ All Night ☐ Short Personal Restraint ☐ None ☐ None							
None None							
LEVEL OF SUPERVISION		CONSEQUENCES	FYI's				
CO=Close Observations/Normal Supervision DES= Eyesight	Any Behavio	r Consequence forms ed for this civild?	Any FYI Forms completed for this child?				
1:1= One to One	☐ YE	s DNO	LJ 163 21W0				
MEALTIMES	REMOVED	FROM SCHOOL	ACTIVITIES				
2100%	□ AM	Holiday	Cours: (-\square)				
☐ 50% ☐ Refused	PM ZAttended	Out for Summer	Recreational Activity ////				
⊟N/A	Refused		Leisure Activity PM Daily Level:				
	Other:		AM Daily Level:				
' MEDIOAL OADE	MOITOR	ATTI EDUALE					
MEDICAL CARE	Parents	S/TELEPHONE Called Parents	RESIDENT HYGIENE/CHORES				
☐ Medical Appointment due to illness	Sibinos	Called Siblings	Washeri Fare				
Dental Appointment	Siblings Caseworker	Called CW/PO	Word Clean Clothes				
. Psychletric Review/Evaluation	Relativo	Called Friend	La Shimmond				
Dother Refused	☐ PO 171 None	☑ None	Completed Chores Did not complete Chores				
ication Compliance: Did the resident take all prescribed medications today?							
GENERAL NOTATION CATEGORIES							
ARPHICE Sad/ Depressed	loble	Disappointed					
Andous/Worried Scared		Silly/ Childish	Complant				
Restless Z Happy		Frustrated	(Other)				
Current Program Restrictions and/or							
Precautions: CD - laam - 4	pm						
~ .		-					
ES-4pm-9pm							
DAILY NARRATIVE (Attach an addendum for additional information)							
NA walle up and completed all hydrene and chores.							
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THE All Mean & wor work in a feel more a amindment							
and shoot client letused und appointed							
lasticipated in grand and all stange inder hor							
2 the Vacility Client Showered and lete without touch her							
DAILY NARRATIVE (Attach an addendum for additional information) KC woke up and completed all hygienc and Chores, ATE all meals @ 100% book meds@ 100% Back at the facility client Showered and ate clinner Ended her Back at the facility client Showered and ate clinner Ended her							
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Staff Reporting:		Time of Entr					

Case 2:11-cv-00084 Document 893 Filed on 06/16/20 in TXSD Page 8 of 8

	HE CHART LISTED BELOW
1. Scrapes/ Abrasions: Yes or No 2. Birthmark Yes or No 3. Bruises: Yes or No 4. Scratches/ Lacerations: Yes of No 5. Deformities: Yes or No 6. Pierced Ears, Nose, Body Parts: Yes of No 7. Lice: Yes or No	8. Lesions: Yes or No 9. Rashes: Yes or No 10. Scars: Yes or No 11. Taitoos: Yes or No 12. Prosthesis: Yes of No Other: 3. HIL
	figures with the appropriate number in the area the n the "Comments Section." Describe the color of all i.
2-12-12-12-12-12-12-12-12-12-12-12-12-12	

FRONT BACE Comments: Form Completed by: Staff Print Name Staff Signature